EXHIBIT 4

EXHIBIT G



THE ST. PAUL TRAVELERS
TRUSTEED EMPLOYEE BENEFIT PLAN

(As Restated Effective December 31, 2004)

TABLE OF CONTENTS

		PAGE
ARTICLE I	INTRODUCTION	1
1.1	Plan; Purpose	
1.2	COMPONENT BENEFIT PROGRAMS	
1.3	Effective Date.	
ARTICLE II	DEFINITIONS AND CONSTRUCTION	1
2.1	DEFINITIONS AND CONSTRUCTION	
2.1	CHOICE OF LAW.	
ADMINI DE II	II PARTICIPATION	=
3.1	Participation	
3.1	ENROLLMENT PROCEDURES	
3.2	MEDICAID ELIGIBILITY	
3.4	Cessation of Participation.	
ARTICLE IV		
4.1	Benefits	
4.2	Source of Benefits	
4.3	CONTINUATION COVERAGE	
4.4	Beneficiary Designation	7
ARTICLE V		
5.1	EMPLOYEE CONTRIBUTIONS	8
5.2	EMPLOYER CONTRIBUTIONS	8
5.3	CONTINUATION COVERAGE	8
5.4	Funding	9
ARTICLE V	1 ADMINISTRATION OF THE PLAN	9
6.1	ADMINISTRATION BY COMPANY	
6.2	VERIFICATION OF EXPENSES	
6.3	EVIDENCE	
6.4	CORRECTION OF ERRORS AND DUTY TO REVIEW INFORMATION	
6.5	Claims and Limitations on Actions	
6.6	Waiver of Notice	
6.7	Indemnification	
6.8	Exercise of Authority.	
6.9	TELEPHONE OR ELECTRONIC NOTICES AND TRANSACTIONS	
6.10	DELIVERY OF NOTICES	
6.11	COORDINATION OF BENEFITS	
6.12	SUBROGATION.	
6.13	PROVISION OF PROTECTED HEALTH INFORMATION TO PARTICIPATING ÉMPLOYERS	
	TI AMENDMENT OR TERMINATION	
7.1	AMENDMENT	
7.2	Termination	
	TII MISCELLANEOUS PROVISIONS	
8.1	Examinations	
8.2	Non-Alienation of Benefits	
8.3	Not a Contract of Employment	16
8.4	Plan Benefits Are Unsecured	
8.5	LIABILITY FOR COMPONENT BENEFIT PROGRAMS	16
8.6	TAX CONSEQUENCES	
8.7	Effect on Other Benefit Programs	16
8.8	SEVERABILITY OF PROVISIONS	16
8.9	TERMS OF GENDER AND NUMBER	17

8.10	TEXT TO CONTROL	17
APPENDIX A	COMPONENT BENEFIT PROGRAMS	18
APPENDIX B	LEGACY TRAVELERS RETIREES	.20

APPENDIX A

COMPONENT BENEFIT PROGRAMS

Participants will be eligible for the benefits provided under the following Component Benefit Programs to the extent each Component Benefit Program is applicable by its terms to the particular Participant:

Component Benefit Program	Policy/Document*	
Medical Plan		
Consisting of:		
BCBS Plan	Summary Plan Descriptions issued by both Blue Cross Blue Shield and the Company	
UHC Choice Plus Plan	Summary Plan Description issued by both UHC and the Company	
High Deductible Plan	Summary Plan Description issued by both UHC and the Company	
Out-of-Area Plan	Summary Plan Description issued by both UHC and the Company	
Medicare Supplement Plan (applicable to eligible USF&G retirees)	Summary Plan Description	
Comprehensive Plan - Medicare Eligible	Summary Plan Description issued by UHC	
Medical Plan 200	Summary Plan Description issued by UHC	
Medical Plan 400	Summary Plan Description issued by UHC	
Group Dental Care Plan Consisting of:		
Traditional Dental Plan	Summary Plan Description	
Dental HMOs	Aetna Policy No. GP-701420-MN, Aetna Summary of Coverage, Aetna Certificate of Coverage, Summary Plan Description Cigna Policy No. 3196400, Summary Plan Description	
Life Insurance Plan		
Consisting of:		
Basic Life Plan	MetLife Policy No. 116140-1-G, MetLife Certificate, Summary Plan Description	
Optional Life Plan	MetLife Policy No. 116140-1-G, MetLife Certificate, Summary Plan Description	
Basic and Optional AD&D Plans	MetLife Policy No. 116140-1-G, MetLife Certificate, Summary Plan Description	
Dependent Life Plan	MetLife Policy No. 116140-1-G, MetLife Certificate, Summary Plan Description	
Long-Term Disability Plan Applicable to eligible USF&G employees who were	Summary Plan Description	
disabled under the terms of the coverage on December 31, 1998		

*Note: The Policy/Document listed is current as of January 1, 2005, but will include any documents which supersede or supplement the applicable Component Benefit Program